

**Consent Form to Obtain Employment  
 Reference Information for Nurse  
 Practitioner**

Return Directly to SRNA Office

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Former Name(s) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_  
 Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_  
 Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**I If you have worked as a Nurse Practitioner, complete the following and return to SRNA.**  
 (If you have never worked as a Nurse Practitioner, go to Section II)

Current/Most Recent Nurse Practitioner Employer (complete address required)

Name of Employer	Start Date
Address	End Date
City	Full Time
Province/State	Part Time
Postal/Zip Code	
Supervisor's Name	Telephone Number
	Fax Number

**CONSENT FOR INFORMATION TO BE RELEASED TO THE SRNA**

I hereby give consent to my present or past employer for release of information concerning my competency to practise in a nurse practitioner role to the Saskatchewan Registered Nurses' Association, solely for the purpose of assessment of my application for Registered Nurse (Nurse Practitioner) in Saskatchewan.

Signature	Date
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**OR II If you have never worked as a Nurse Practitioner, sign and date the following:**

I hereby certify that I have never worked as a Nurse Practitioner.

Signature	Date
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